

EXHIBIT 1

American Dental Association
ADA ASSOCIATION
Membership Processing Dept.
P.O. Box 1483
Brockton, MA 02303-1483

INVOICE

Accounts Receivable Department
Attn: Office Manager
2012-13 Membership Dues

Invoice # 3564
Invoice Date 12/30/2011
Due Date 01/20/2012

Item	Description	Unit Price	Quantity	Amount
Service	2012-13 Annual Membership Dues	1.00	575.00	575.00
<p>NOTES: All checks payable to: ADA ASSOCIATION Membership Processing Dept. P.O. Box 1483 Brockton, MA 02303-1483</p> <p>Thank you for your prompt payment!</p> <p>TAX ID: 04-3500847</p>				
Subtotal				575.00
Total				575.00
Amount Paid				0.00
Balance Due				\$575.00

National Manufacturers Association
NAM Association
Membership Processing Dept.
859 Willard Street
Quincy, MA 02169

INVOICE

Accounts Receivables Dept.
2012 Annual Membership Dues

Invoice # 4596

Invoice Date 01/09/2012

Due Date 01/23/2012

Item	Description	Unit Price	Quantity	Amount
Service	2012-2013 Annual Membership Dues	1.00	575.00	575.00
<p><u>NOTES:</u> TAX Id: 04-3500847</p> <p>Mailing address: NAM Association Membership Processing Department 859 Willard Street Quincy, MA 02169</p>				
Subtotal				575.00
Total				575.00
Amount Paid				0.00
Balance Due				\$575.00

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APRA Association
Parts Remanufacturers Association
Membership Processing Dept.
3 Blaine Street
Brockton, MA 02301

INVOICE

Accounts Receivable Dept.
2012 Annual Membership Dues

Invoice # 3465

Invoice Date 01/04/2012

Due Date 01/31/2012

Item	Description	Unit Price	Quantity	Amount
Service	2012-13 Annual Membership Dues	585.00	1.00	585.00
NOTES: All checks payable to: APRA Association Membership Processing Dept. 3 Blaine Street Brockton, MA 02301 TAX ID: 043500847 Tax ID: 04-3500847				
Subtotal				585.00
Total				585.00
Amount Paid				0.00
Balance Due				\$585.00

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The American Truckers Association

The American Truckers Association, Inc.
ATA Association
3 Blaine Street
Brookton, MA 02301

INVOICE

Account Receivables Dept.
2012-13 Annual Membership Dues

Invoice # 6432

Invoice Date 02/03/2012

Due Date 03/05/2012

Item	Description	Unit Price	Quantity	Amount
Service	2012-13 Annual Membership Dues	685.00	1.00	685.00
	2012-13 Membership Directory Listing			
<p>NOTES: TAX ID: 043520947</p> <p>Please submit payment to: Membership Processing Dept. ATA Association 3 Blaine Street Brookton, MA 02301</p>				
Subtotal				685.00
Total				685.00
Amount Paid				0.00
Balance Due				\$685.00

To opt out from future taxes go to www.ata.org/members and enter P# 15083 or call 877-224-7837. The recipient may make a request to the sender not to send any future taxes and that taxes to comply with the request within 30 days is preferred.

Attn: Michelle Rockwell

THE AMERICAN GENERAL CONSTRUCTION DIRECTORY
National Association for General Contractors & Home Builders, Inc.

2009 Allied Membership Application

Company Information - Please print or type clearly

Company Name		Contact Person	
Mailing Street Address		County	
Town/City	State	Zip Code	
Telephone	Facsimile		
Website Address	Email Address		

Membership Type - Please check all services you may offer

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Sub Contractor	<input type="checkbox"/> Home Builder
<input type="checkbox"/> Contractor Specialist	<input type="checkbox"/> Contractor Supplier	<input type="checkbox"/> Finance / Banking
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Home Inspector	<input type="checkbox"/> Electrician
<input type="checkbox"/> Plumber/Heating/AC	<input type="checkbox"/> Real Estate Broker	<input type="checkbox"/> Real Estate Appraiser
<input type="checkbox"/> Landscape Architects	<input type="checkbox"/> Mortgage Broker	
<input type="checkbox"/> Allied / Other		

2009 Membership Online Directory Listing

1 Year Annually \$75.00

Please make check payable to:
N.A.G.C.

Please mail back completed application and dues to the Membership Processing Department:

Corporate Headquarters
101 Federal Street, 19th Fl.
Boston, MA 02110

Membership Processing Department
27 Glen Street, Suite 11
Stoughton, MA 02072

Telephone: (617) 342-7205 | www.generalcontractorshomebuilders.org | Fax: (617) 342-7080

To opt out from future faxes go to www.delistmyfaxnumber.com enter Pin # 15083 or call (877) 284-7887. The recipient may make a request to the sender not to send any future faxes and that failure to comply with the request within 30 days is unlawful

**Membership
Renewal****THE AMERICAN GENERAL CONTRACTORS DIRECTORY
2009 MEMBERSHIP DIRECTORY LISTING APPLICATION****Provide Company Information**

Please print or type clearly.

Company Name _____

Contact Person _____

Mailing Address _____

County _____

Town/City _____

State _____

Zip code _____

Telephone _____

Facsimile _____

Web site _____

Email _____

Membership Type:

(Please check all services you may offer)

General Contractor _____ Sub Contractor _____ Contractor Specialist _____

Contractor Supplier _____ Finance/ Banking _____ Legal Services _____

Allied/Other _____

2009 Membership Directory Listing

1 year annually.....\$ 150.00

Please make check payable to: American General Contractors Directory, Inc.

Mail to: Membership Dept, 27 Glen Street, Suite 11, Stoughton, MA 02072

THE AMERICAN GENERAL CONTRACTORS DIRECTORY

2009 Membership Annual Dues Application

Company Information - Please print or type clearly

Company Name		Contact Person	
Mailing Street Address		County	
Town/City	State	Zip Code	
Telephone		Facsimile	
Website Address		Email Address	

Membership Type - Please check all services you may offer

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Sub Contractor	<input type="checkbox"/> Home Builder
<input type="checkbox"/> Contractor Specialist	<input type="checkbox"/> Contractor Supplier	<input type="checkbox"/> Finance / Banking
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Home Inspector	<input type="checkbox"/> Electrician
<input type="checkbox"/> Plumber/Heating/AC	<input type="checkbox"/> Real Estate Broker	<input type="checkbox"/> Real Estate Appraiser
<input type="checkbox"/> Landscape Architects	<input type="checkbox"/> Architect/Engineer Firm	
<input type="checkbox"/> Allied / Other		

2009 Membership Directory Listing

1 Year Annually \$150.00

Please make check payable to:

The American General Contractors Directory

Please mail back completed application and dues to the Membership Processing Department

Corporate Headquarters
101 Federal Street, 19th Fl.
Boston, MA 02110

Membership Processing Department
27 Glen Street, Suite 11
Stoughton, MA 02072

Telephone: (617) 342-7205

Fax: (617) 342- 7080

Attn: Membership Dept

NATIONAL ASSOCIATION OF GENERAL CONTRACTORS & HOME BUILDERS

2009 Membership Online Directory Listing

Company Information - Please print or type clearly

Company Name		Contact Person	
Mailing Street Address		County	
Town/City	State	Zip Code	
Telephone		Facsimile	
Website Address		Email Address	

Membership Type - Please check all services you may offer

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Sub Contractor	<input type="checkbox"/> Home Builder
<input type="checkbox"/> Contractor Specialist	<input type="checkbox"/> Contractor Supplier	<input type="checkbox"/> Finance / Banking
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Home Inspector	<input type="checkbox"/> Electrician
<input type="checkbox"/> Plumber/Heating/AC	<input type="checkbox"/> Real Estate Broker	<input type="checkbox"/> Real Estate Appraiser
<input type="checkbox"/> Landscape Architects	<input type="checkbox"/> Architect/Engineer Firm	
<input type="checkbox"/> Allied / Other		

2009 Membership Online Directory Listing

1 Year Annually **\$150.00**

Please make check payable to:
General Contractors & Home Builders

Please mail back completed application and dues to the Membership Processing Department:

Corporate Headquarters
101 Federal Street, 19th Fl.
Boston, MA 02110

Membership Processing Department
27 Glen Street, Suite 11
Stoughton, MA 02072

Telephone: (617) 342-7205 | www.generalcontractorshomebuilders.org | Fax: (617) 342-7080

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2011
MEMBERSHIP

Attn: Membership Coordinator

AMERICAN GENERAL CONSTRUCTION ASSOCIATION

A.G.C.



2011 - 12

ASSOCIATION MEMBERSHIP
APPLICATION

1. COMPANY INFORMATION

Company Name			Company Name to be Listed in Directory & Online (if different)	
Street Address			Main Telephone	Fax
City	State	Zip	Website Address	

2. Primary Contact:

Name			Please add the following name to be listed in the Membership Directory and online:	
Phone	Fax	Email (For Internal Use Only)		

3. Business Category:

Please indicate the business category under which you would like to be listed:

4. Company Profile:

Please provide a description of your products and/or services:

6. 2011-12 Membership Dues Schedule

Check one	Membership Type
<input type="checkbox"/>	GENERAL CONTRACTORS
<input type="checkbox"/>	SPECIALTY CONTRACTORS
<input type="checkbox"/>	SERVICES / SUPPLIERS
2011-2012 Annual Membership Dues \$575.00	

Please submit application with your check to:

ATTN: AGC ASSOCIATION
Membership Processing Department
P.O. Box 2684
Brockton, MA 02305-2684
(703) 351 5298 Tax ID: 04-3500974

FOR INTERNAL USE ONLY Processed By: _____

Membership Activation Date: _____

Corporate Headquarters - 1655 North Fort Myer Drive, Arlington, VA 22209

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NATIONAL HOSPITAL ASSOCIATION

2009 Institutional Membership Application

Provide Institutional Information

Please print or type clearly.

Institutional Name _____

Contact Person _____

Mailing Address _____

Town/City _____

State _____

Zip code _____

Telephone _____

Facsimile _____

Web site _____

Email _____

Membership 2009 Annual Dues

(Please calculate your Gross Revenue times .13 percent)

Example: \$2,000,000 x .13 = \$2,600.00

Institutional Gross Revenue: _____

x.13 percent: _____

Total 2009 Annual dues: _____

Gross revenue equals hospital, home care and hospice patient care revenue from most recently completed fiscal year. Membership dues are non refundable once this application is received and processed by the membership department.

Please mail and make the check payable to: National Hospital Association, Inc.

1101 Pennsylvania Avenue

Washington, DC 20004

Please mail application and payment to our Membership Department listed above:

Membership Department: (202) 756-1964 Fax: (202) 756-7323

2011 ASSOCIATE MEMBERSHIP: Alex Garcia

INVOICE NO:

15943

NATIONAL ASSOCIATION OF AMERICAN HOSPITALS

A H A ASSOCIATION 2011

ATTN: ACCOUNTS PAYABLES
MEMBERSHIP ANNUAL DUES
INVOICE APPLICATION

1. COMPANY INFORMATION

Company Name

Company Name to be Listed in Directory & Online (if different)

Street Address

Main Telephone

Fax

City

State

Zip

Website Address

2. Primary Contact:

Name

Please add the following name to be listed in the Membership Directory and online:

Phone

Fax

Email (For Internal Use Only)

3. Business Category:

Please indicate the business category under which you would like to be listed:

4. Company Profile:

Please provide a description of your products and/or services:

6. 2011 Fiscal Year Membership Annual Dues \$895.00

Please submit application with your check to:

ATTN: A.H.A. ASSOCIATION

Membership Processing Department

P.O. Box 542

South Easton, MA 02375-0542

Fax (202) 756-7323 TAX ID: 03-3583460

FOR INTERNAL USE ONLY Processed By: _____

Membership Activation Date: _____

Corporate Headquarters - 1101 Pennsylvania Avenue NW, 6th Floor, Washington, DC 20004

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2011 N.A.H.C. MEMBERSHIP: Administrator

NATIONAL HOME CARE & HOSPICE PALLIATIVE CARE ASSOCIATION

2010 N.A.H.C.P. Membership Annual Dues Application

1. Company Information:

Company Name

Sublette Center

Street Address

City

Pinedale

State

WY

Zip

82941

Company Name to be Listed in Directory & Online (if different)

Sublette Center Home Health and Hospice

Main Telephone

Fax

Website Address

www.sublettecenter.com

2. Primary Contact:

Please add the following name to be listed in the Membership Directory and online:

Name

Title

Heather J. McKee, MDIV, NHA

Executive Director

Phone

Fax

Email (For Internal Use Only)

subcenter@centurytel.net

3. Category:

Please indicate the category under which you would like to be listed:

Home Health and Hospice

4. Company Profile:

Please provide a description of your products and/or services:

5. Employees: Number of Employees: 4

6. 2010 Membership Annual Dues - \$475.00

Thank you for your investment in
The National Home Care & Hospice Palliative Care Association.
Please don't hesitate to contact us
with your questions or comments

Please submit application with your check to:

ATTN: N.A.H.C.P.

Membership Processing Department

P.O. Box 542

South Easton, MA 02375-0542

Fax No: (617) 342-7080

FOR INTERNAL USE ONLY Processed By: _____

Membership Activation Date: _____

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